

# Wisconsin Medicaid and BadgerCare update

November 2007 • No. 2007-75

Wisconsin Medicaid and BadgerCare Information for Providers

To:

Ambulance  
Providers

HMOs and  
Other  
Managed  
Care  
Programs

## Ambulance Policy

This *Wisconsin Medicaid and BadgerCare Update* clarifies existing policies and announces new Wisconsin Medicaid policies for ambulance services effective for dates of service on and after January 1, 2008.

### Clarification of Wisconsin Medicaid Policy

This *Wisconsin Medicaid and BadgerCare Update* clarifies the following Wisconsin Medicaid policies for ambulance services:

- Documentation requirements.
- Record retention.
- Ambulance base rate.
- Land and air mileage.
- Additional attendants.

### Documentation Requirements

Each provider is responsible for the preparation and maintenance of accurate, complete, legible, and concise medical documentation and financial records consistent with the requirements of HFS 106.02(9)(a), Wis. Admin. Code. Wisconsin Medicaid requires that documentation show a complete and accurate description of the recipient's condition and progress in dated and signed notes.

Additional documentation for non-emergency transportation includes the following:

- *Hospital-to-hospital or nursing home-to-nursing home* – A written certification from the recipient's physician, physician assistant, nurse midwife, or nurse practitioner explaining why the discharging institution was not an appropriate facility for the patient's condition and why the admitting institution is appropriate for that condition. The documentation must include details of the recipient's condition. The certification must be obtained prior to the transfer and must be signed and dated.
- *Recipient's home to a nursing home* – A written statement, signed and dated, from the provider who prescribed the treatment. The statement must indicate why transportation by ambulance is necessary.
- *All other non-emergency transportation* – A statement from a physician, physician assistant, dentist, nurse midwife, or nurse practitioner, explaining the specific medical problem requiring the need for transportation by non-emergency ambulance.

The document must state why the recipient's condition precludes transport by any other means, the specific circumstances requiring that the recipient be transported to the office or clinic to obtain a service, the services performed, and an explanation of why the service could not be performed in the hospital, nursing home, or recipient's residence. The physician, physician assistant, nurse midwife, dentist, or nurse practitioner performing the service must sign and date the statement. Verbal authorizations must be reduced to writing either within ten working days of receiving the authorization or prior to the submission of the claim, whichever comes first.

Providers should refer to the All-Provider Handbook for additional documentation requirements.

### **Record Retention**

Ambulance providers are required to retain records for a minimum of five years from the date of payment. Ending participation as a Wisconsin Medicaid provider does not end a provider's responsibility to retain and provide access to fully maintained records, unless an alternative arrangement of record retention and maintenance has been established.

### **Ambulance Base Rate**

The ground, water, or air ambulance base rate includes coverage of processes, treatments, or services that are an integral part of care while in transit. These include but are not limited to the following:

- Charges for reusable devices and equipment.
- Charges for sterilization of a vehicle, including after carrying a recipient with a contagious disease.
- Drugs used in transit or for starting intravenous solutions.

Wisconsin Medicaid does not provide separate reimbursement for these services.

## **Mileage**

### *Land*

Wisconsin Medicaid defines mileage as the distance traveled from the point of pickup to the drop-off point. Wisconsin Medicaid does not cover the mileage traveled before the pickup point or after the drop-off point (i.e., unloaded mileage).

### *Air*

Wisconsin Medicaid defines air mileage as the distance traveled from the point the recipient is loaded into the air ambulance until the point at which the recipient is offloaded from the air ambulance. Mileage is covered only when the recipient is onboard the flight. Mileage should be expressed on claims as statute miles.

Wisconsin Medicaid does not cover excess mileage (ground or air) resulting from the use of indirect routes to and from destinations. Wisconsin Medicaid makes exceptions for situations where additional mileage may be incurred due to circumstances beyond the provider's control (i.e., hazardous weather or direction from air traffic control).

### **Additional Attendants**

Wisconsin Medicaid covers the services of more than two attendants when the recipient's condition requires the physical presence of more than two attendants for the purposes of restraint or lifting. State law (s.146.50(4), Wis. Stats.) requires the presence of at least two attendants; therefore, Wisconsin Medicaid does not separately reimburse the services of the first two attendants.

As stated in HFS 107.23(3), Wis. Admin. Code, Medicaid-certified medical personnel (i.e., physician) not employed by the ambulance provider but who care for the recipient in transit should submit claims to Wisconsin Medicaid separately.

## **New Wisconsin Medicaid Policy for Ambulance Services**

The following sections of this *Update* contain *new* Wisconsin Medicaid policies for ambulance services effective for dates of service on and after January 1, 2008:

- Pronouncement of death for ground and air transport, as well as documentation requirements.
- Cancelled air ambulance trips.
- Multiple ambulances on the scene.
- Ground-to-ground intercept policy and required documentation.
- Ground-to-air transport.
- Specialty care transport.

### **Pronouncement of Death**

#### *Ground Transport*

As stated in HFS 107.23(3)(a), Wis. Admin. Code, if a recipient is pronounced dead by a legally authorized person after an ambulance is requested but before the ambulance arrives at the pickup site, a basic life support (BLS) base rate only to the point of pickup is reimbursable. Wisconsin Medicaid does not cover mileage in this situation. Providers should submit claims with the appropriate BLS procedure code – emergency or non-emergency.

For ambulance services provided to a recipient who is pronounced dead by a legally authorized person en route to a hospital or on arrival at the hospital, Wisconsin Medicaid reimburses providers for the entire ambulance service, including mileage.

#### *Air Transport*

If a recipient is pronounced dead by a legally authorized person after an air ambulance is requested but before the air ambulance arrives at the pickup site, a base rate only is reimbursable. Air ambulance providers should submit claims using the appropriate base code (fixed or rotary wing). Wisconsin Medicaid does not cover air mileage in this situation.

Wisconsin Medicaid does not reimburse providers if the dispatcher receives a pronouncement of death within a reasonable amount of time to notify the pilot to abort the flight, including in situations where the aircraft has taxied but not taken off.

For air ambulance services provided to a recipient who is pronounced dead by a legally authorized person en route to a hospital or on arrival at the hospital, Wisconsin Medicaid reimburses providers for the entire air ambulance service, including mileage.

#### *Required Documentation for Ground and Air Transport*

As appropriate, ambulance providers are required to maintain documentation in the recipient's record to demonstrate the following:

- The ambulance was dispatched to pick up a Medicaid recipient or the aircraft actually took off to make the pickup.
- A legally authorized person made the pronouncement of death.
- The recipient to whom the dispatch relates was pronounced dead before being loaded into the ambulance for transport.
- The dispatcher did not receive notice of such pronouncement in sufficient time to permit the flight to be aborted before takeoff for air transportation.
- The recipient died en route to the hospital or upon arrival at the hospital.

### **Cancelled Trips — Air**

Wisconsin Medicaid covers the appropriate air base rate if the recipient is loaded onboard but the flight is cancelled due to hazardous weather. However, no air ambulance service is covered if the flight is dispatched but cancelled at any point of the trip from the dispatch point to the pickup point.

## Multiple Ambulances on the Scene

When multiple ambulance providers respond to an emergency, Wisconsin Medicaid reimburses only the ambulance provider who actually furnishes the transport. Wisconsin Medicaid does not provide reimbursement to ambulance providers who arrive at the scene but do not furnish transport, regardless of whether other ambulances provided treatment.

## Intercept Policy — Ground-to-Ground

Wisconsin Medicaid does not reimburse providers for partway transport. If a second provider intercepts transport, Wisconsin Medicaid will only reimburse the provider who completes the trip. The provider who completes the trip may submit a claim for the entire transport only if they have obtained a written service agreement from the other ambulance provider addressing reimbursement arrangements and recordkeeping. The provider receiving the payment must retain or have access to a copy of the ambulance run sheet (for services provided by both ambulance providers). Allocation of the Medicaid reimbursement is the responsibility of the ambulance providers.

### *Required Documentation*

In addition to the documentation requirements stated above, the ambulance provider submitting the claim should have the following in his or her records:

- Reason for the intercept.
- Name and address of the other ambulance provider.
- Initial pickup point.
- Intercept point.
- Drop-off point.

## Ground-to-Air Transport

A ground ambulance may be reimbursed for ground-to-air ambulance transport from the point of pickup to the point of transfer. Wisconsin Medicaid separately reimburses both the ground and air transport provider.

## Specialty Care Transport (A0434)

Wisconsin Medicaid recognizes specialty care transport when services are provided by an emergency medical technician (EMT)-paramedic with additional training beyond the scope of standard EMT-paramedic training. Specialty care transport is defined by Wisconsin Medicaid as the hospital-to-hospital transportation by ground ambulance of a critically injured or ill recipient. Specialty care transport includes the provision of medically necessary supplies and services at a level of service beyond the scope of an EMT-paramedic.

Specialty care transport is not reimbursable with other ambulance service base rates.

## Water Transport

Providers are required to use modifier “UW” (Water transport) when submitting claims for water transport services. Non-emergency water transportation continues to require prior authorization (PA). All other policies are the same as for ground ambulance services.

## Services Requiring Prior Authorization

The following services require PA:

- All non-emergency transportation of a recipient by air or water.
- Trips by ambulance from a nursing home to a dialysis center.
- Trips by ambulance to obtain any of the following services:
  - ✓ Physical, occupational, or speech therapy.
  - ✓ Audiology services.
  - ✓ Chiropractic services.
  - ✓ Psychotherapy.
  - ✓ Methadone treatment.
  - ✓ Alcohol and other substance abuse treatment.
  - ✓ Mental health day treatment.
  - ✓ Podiatry services.

### *Required Documentation*

Providers are required to submit the following documentation when requesting PA for ambulance services:

- A completed Prior Authorization Request Form (PA/RF), HCF 11018.
- A completed Prior Authorization Physician Attachment (PA/PA), HCF 11016.
- A signed and dated statement from a physician, physician assistant, nurse midwife, or nurse practitioner giving the specific medical problem that requires the need for transportation by non-emergency ambulance. The statement must indicate if transportation by any other means is contraindicated.
- Other supporting documentation that demonstrates the need for ambulance transport.

### **Information Regarding Medicaid HMOs**

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/).

PHC 1250